

Name
in
Full

Lillie A. Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Trappe ^{Town} Talbot ^{County} **MARYLAND**

Date of death 1909 Oct. ^{Month} 15th ^{Day} Age 24 ^{Years} ✓ ^{Months} ✓ ^{Days}

Sex Female Color or Race Colored Birth-place Talbot Co.

Occupation Inmate of The Where Residing if not at place of death County Home

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband

Father's Name Nicholas Briscoe Father's Birthplace Maryland

Mother's Maiden Name Charlotte Brice Mother's Birthplace Maryland

Name of person giving Information John Lee Gruchy How related to deceased Supt. ✓

CAUSES OF DEATH

69

Primary Epilepsy How long From birth

Immediate Strumatitis & Exhaustion How long Several weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Mr S. Seymour

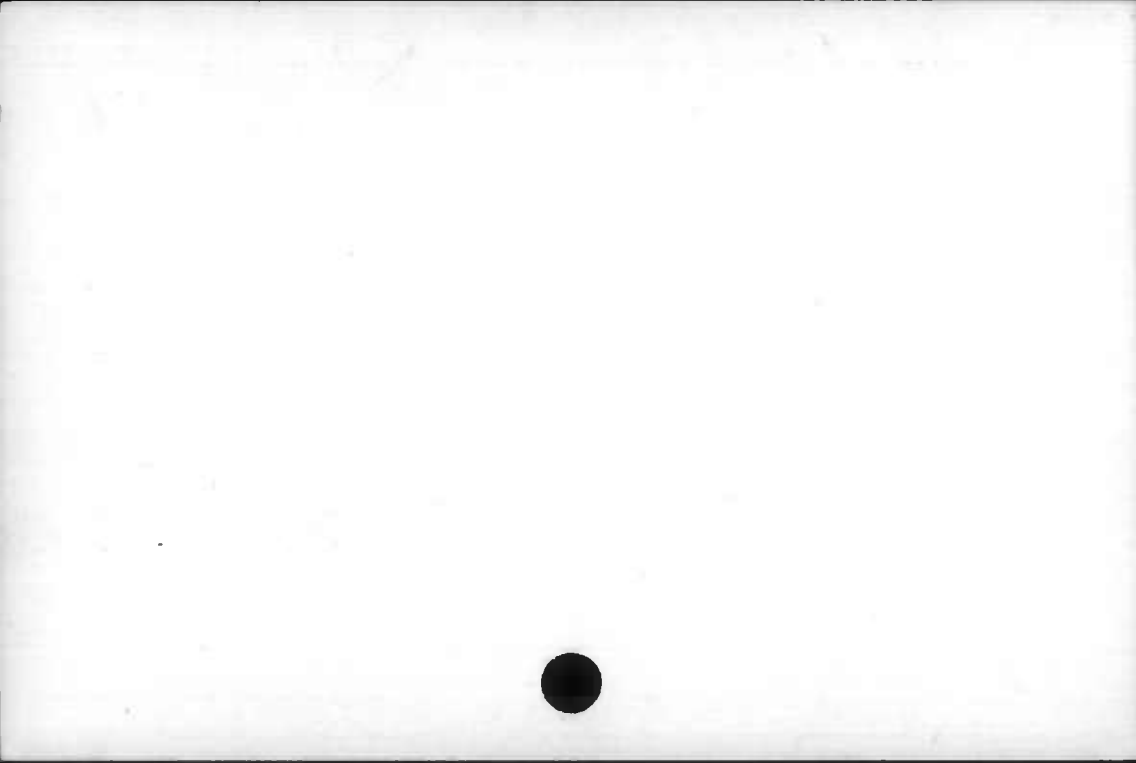
Address

Trappe Md,

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Copper

Died at *Easton* ^{Town} *Talbot* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *Oct* ^{Day} *25* ^{Years} *0* ^{Months} *0* ^{Days} *10*

Sex *Male* Color or Race *Black* Birth-place *Easton*

Occupation *Child* Where Residing if not at place of death *—*

~~Married~~, Single or Widowed Name of Wife or Husband *none*

Father's Name *William Copper* Father's Birthplace *Talbot Co*

Mother's Maiden Name *Annie Berry* Mother's Birthplace *Talbot Co*

Name of person giving information *William Copper* How related to deceased *Father*

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary *Congenital Syphilis* How long *Life*

Immediate *Cardiac Failure* How long *16 min*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James B. McCreight 3rd Ave.*

Address *Easton Md*

Accident or Suicide?



Name
in
Full

Baby Cottingham

CERTIFICATE OF DEATH

Died at

Tugman

Town

Tallot

County

MARYLAND

Date

of death

1909 Oct

Month

15

Day

Age

Years

Months

Days

13

Sex

Female

Color or
Race

Black

Birth-
place

Maryland

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Titus Cottingham

Father's
Birthplace

Samuel Co. Md.

Mother's
Meiden Name

Amy Jurett

Mother's
Birthplace

Samuel Co. Md.

Name of person giving
Information

Titus Cottingham

How related
to deceased

father

CAUSE OF DEATH

105

Primary

Gastro enteritis

How long

5 days

Immediate

Auto intoxication

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

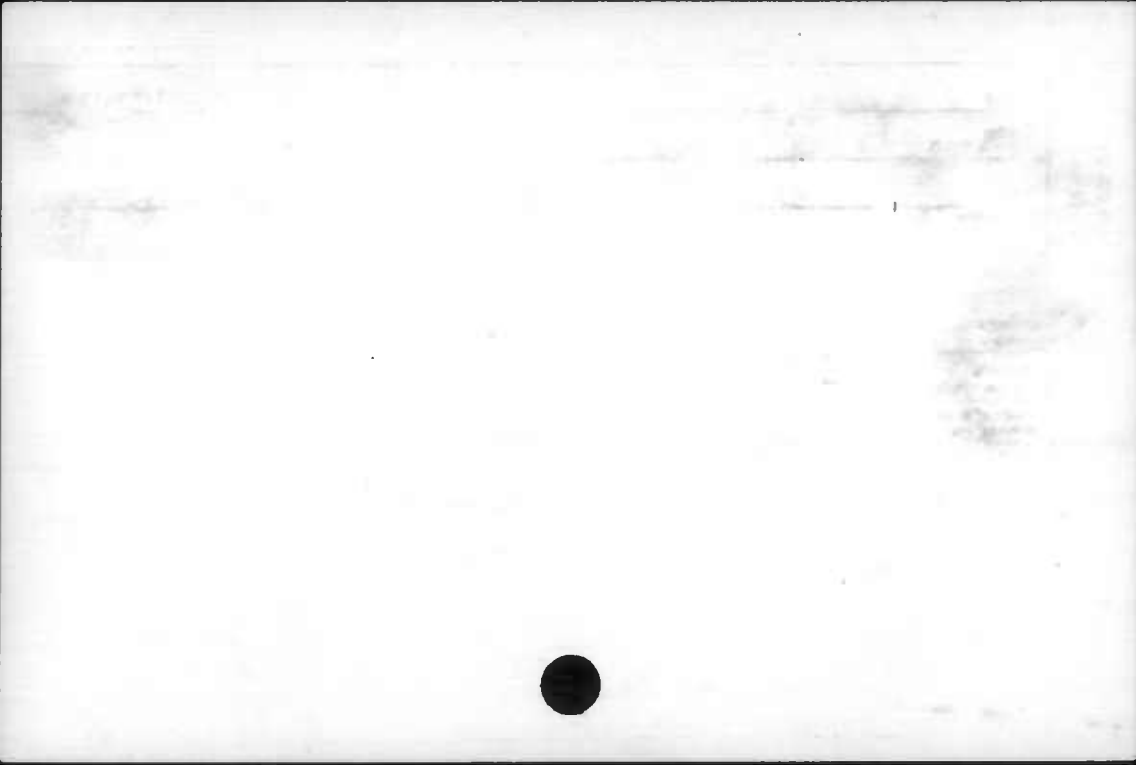
Signature of
Physician

Address

J. R. Branch, M.D.
Tugman
Tallot Co. Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edith Estelle Ford

CERTIFICATE OF DEATH

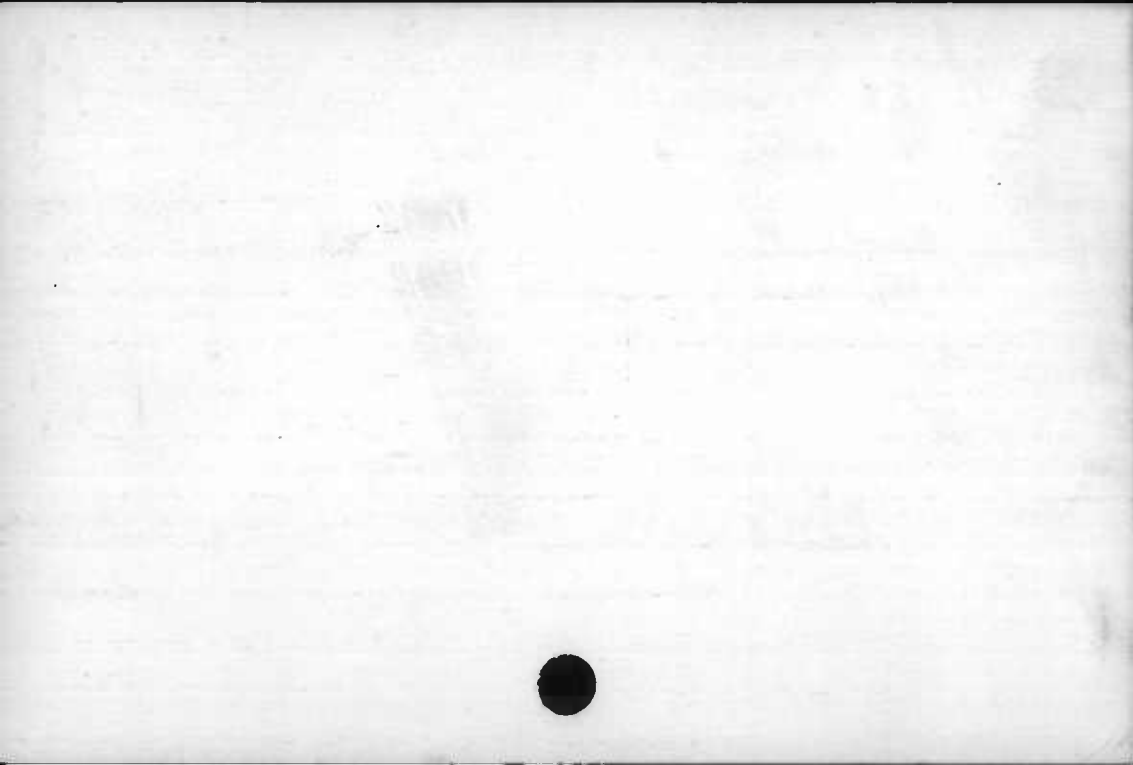
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tilyman</i> ^{Town}		<i>Lalash</i> ^{County}		MARYLAND	
Date of death	1909	Month	Oct	Day	9
Age		Years	—	Months	2
Sex		Female	Color or Race	White	Birth-place
Occupation		—		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Charles Augustus Ford		Father's Birthplace	
Mother's Maiden Name		Edith Estelle James		Mother's Birthplace	
Name of person giving information		Chas. A. Ford		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pertussis</i>	How long	<i>2 weeks</i>
Immediate	<i>Congestion of lungs</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. H. Wilson</i>	
		Address	
		<i>Tilyman</i>	
		<i>Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

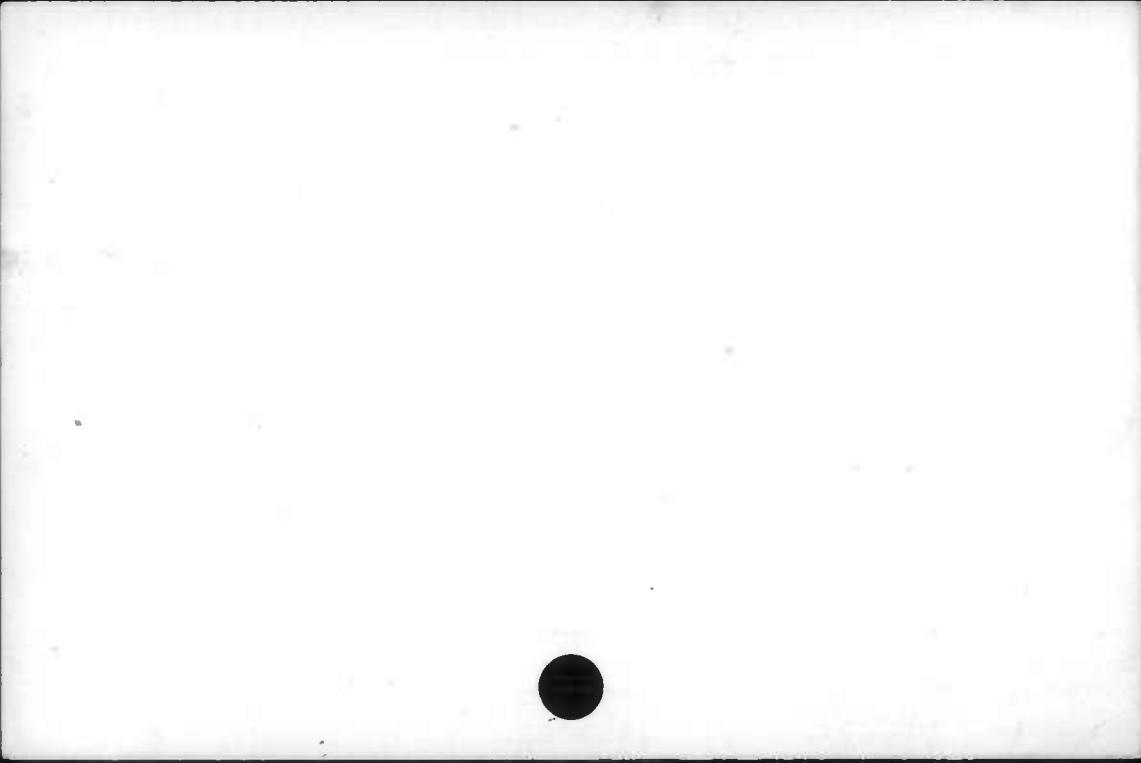
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1909		Oct	1	Age 67			
Sex	Male	Color or Race	Colored	Birth-place	Boston Mass		
Occupation	Carpenter			Where Residing if not at place of death	St Michaels		
Married, Single or Widowed	Married	Name of Wife or Husband	Amanda E Augusta				
Father's Name	Joseph Foster			Father's Birthplace	Massachusetts		
Mother's Maiden Name	Annie -			Mother's Birthplace	Don't Know		
Name of person giving Information	Amanda E Foster			How related to deceased	Widow		

CAUSES OF DEATH

Primary	Heart Disease	How long	79 ✓
Immediate	Heart Failure	How long	6 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J C D Davis
		Address	St Michaels
			md
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

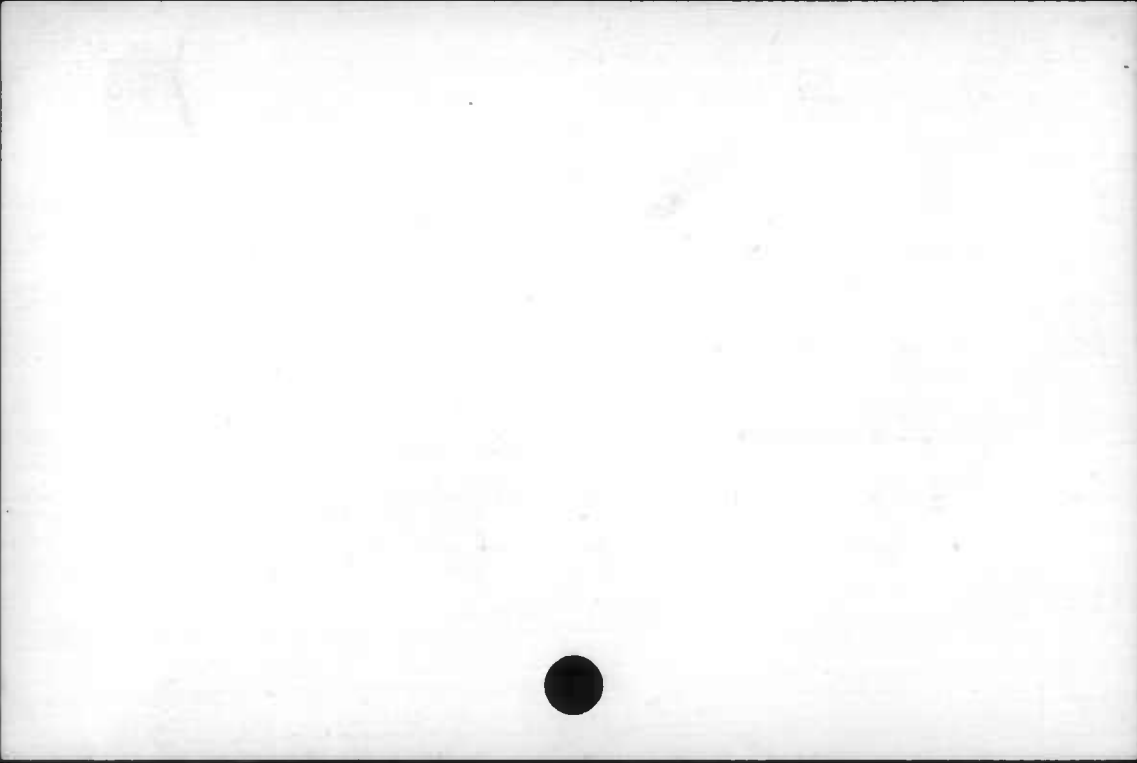
TO BE ANSWERED BY
NEAREST FRIEND

Allen Green
 Died at *St Michaels* County *Talbot* MARYLAND
 Date of death 1909 Oct 9 Age 35-
 Sex *Male* Color or Race *Black* Birth-place *Talbot Co.*
 Occupation *Laborer* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Priscilla Newman Gurney*
 Father's Name *Oliver Green* Father's Birthplace *Talbot Co.*
 Mother's Maiden Name *Elizabeth Thomas* Mother's Birthplace *Talbot Co.*
 Name of person giving Information *Daniel Green* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral hemorrhage* How long *3 days*
 Immediate *Cardiac failure* How long
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. H. [illegible] M.D.*
 Accident or Suicide *No* Address



Name
in
Full

Mrs. Martha Isabella Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1909	Month <i>October</i>	Day <i>28th</i>	Age <i>87</i>	Years	Months <i>4</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Talbot County</i>				
Occupation <i>Lady</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Dr. Samuel Alexander Harrison</i>						
Father's Name <i>Benjamin Penny</i>	Father's Birthplace <i>Talbot County</i>						
Mother's Maiden Name <i>Mary Ann Rhodes</i>	Mother's Birthplace <i>Talbot County</i>						
Name of person giving Information <i>Conrad Tilghman</i>	How related to deceased <i>Son-in-Law</i>						

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Infirmities of Years</i>	How long <i>Several Yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>6</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Dandon</i>
	Address <i>Easton Md</i>
Accident or Suicide	

1822 — 1909

Name
in
Full

Henry Jones
Easton

Town

County
Talbot

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909

Month

10

Day

11

Age

Years

68

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Myrtle Grove Md

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Henretta Jones

Father's
Name

Nathan Jones

Father's
Birthplace

Not known

Mother's
Maiden Name

Rachel Jones

Mother's
Birthplace

Not known

Name of person giving
Information

Henretta Jones

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Asthma

How long

7 mos

Immediate

Exhaustion

How long

few weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Chas. J. Davidson
Easton Md

~~Resident of~~ ~~Outside~~

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles Lawrence

CERTIFICATE OF DEATH

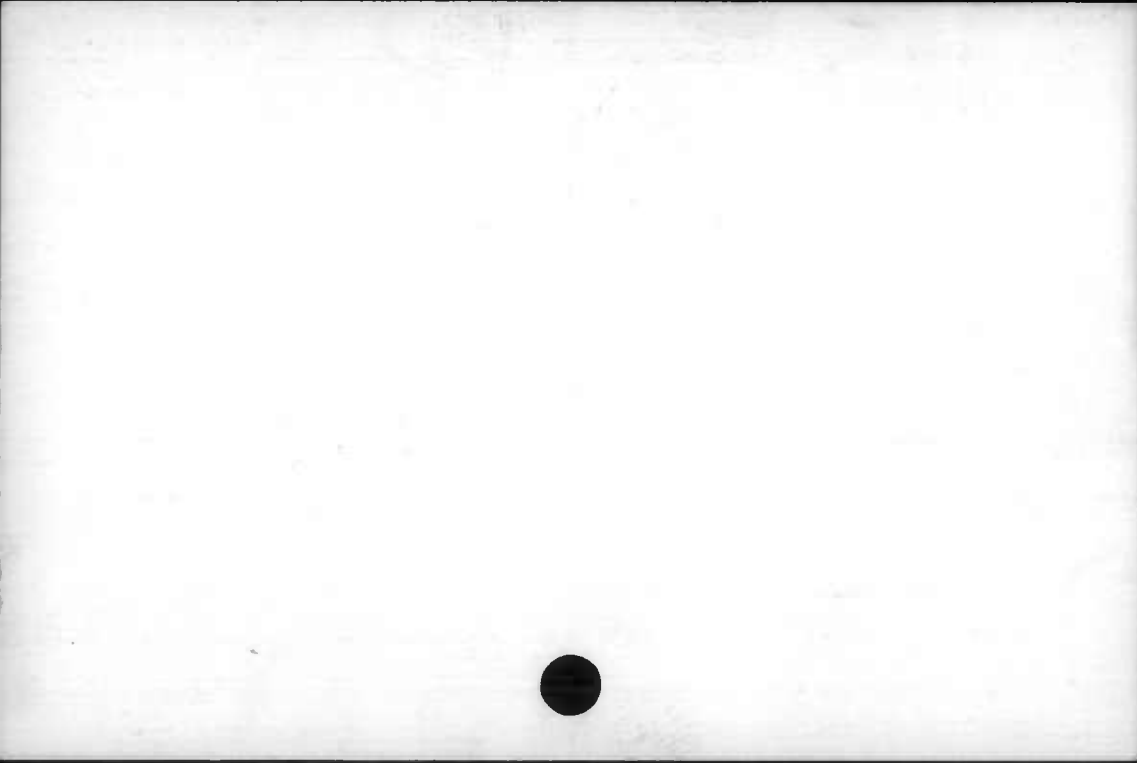
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		<u>Salisbury</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	<u>Oct.</u> ^{Month}	<u>16</u> ^{Day}	Age <u>42</u> ^{Years}	<u>7</u> ^{Months}	<u>20</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Salisbury, Md.</u>		
Occupation <u>Labrer</u>			Where Residing if not at place of death <u>Easton</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Clara Lawrence</u>				
Father's Name <u>Charles Lawrence</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Serena Thomas</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving Information <u>Herb Lawrence</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dysphoia fever</u>	How long <u>Three weeks</u>
Immediate <u>Erysipelas</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Stevens M.D.</u>
	Address <u>Easton Md.</u>
Accident or Suicide <u>no</u>	



Name
in
Full

Ada Graham Lower

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

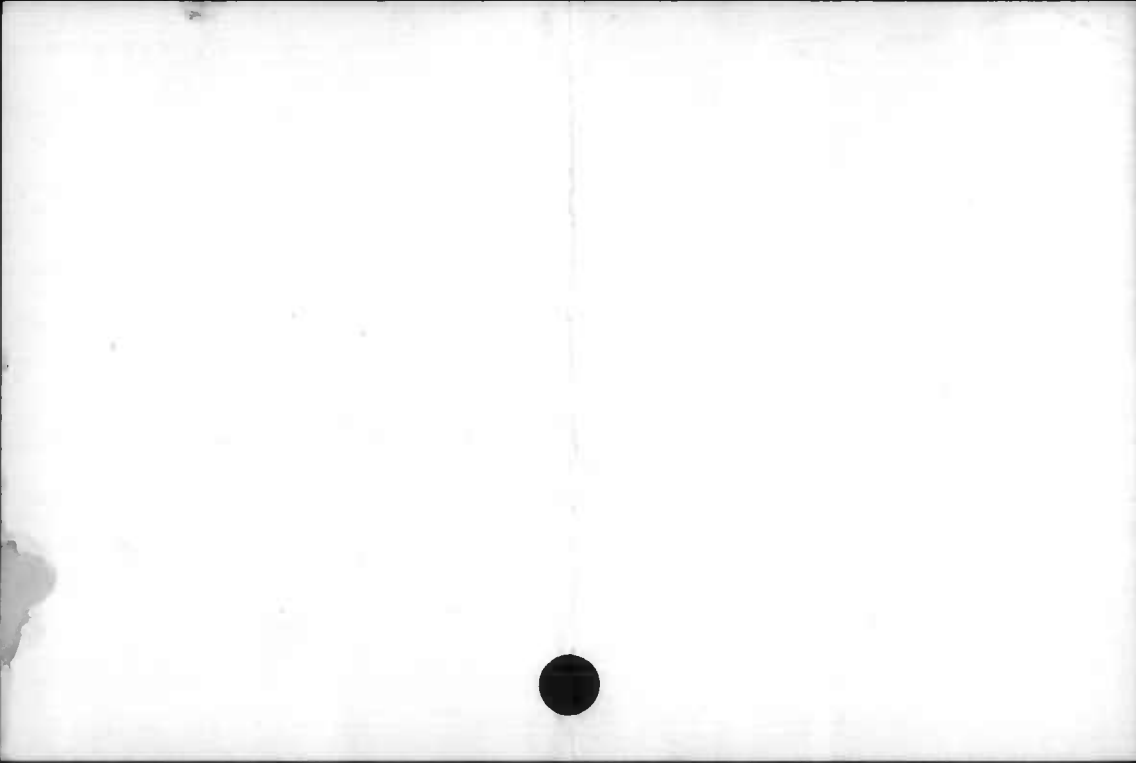
Died at		Town		County		MARYLAND	
1909		Oct		31		Age 47	
Date of death		Month		Day		Years	
1909		Oct		31		Age 47	
Sex		Color or Race		Birth-place		Maryland	
Female		White		Maryland			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single		Name of Husband		Frank T. Lower			
Married		Frank T. Lower					
Father's Name				Father's Birthplace			
Francis A. WRIGHTSON				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Ellen Jane Graham				Maryland			
Name of person giving Information				How related to deceased			
Joseph B. Skinner				Cousin			

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary		How long	
Carcinoma of Breast		About 2 yrs.	
Immediate		How long	
Exhaustion		48 hrs.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. M. Carmine M.D.	
		Address	
		McDaniel	
Accident or Suicide		Maryland	



Name
in
Full

Virgin Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

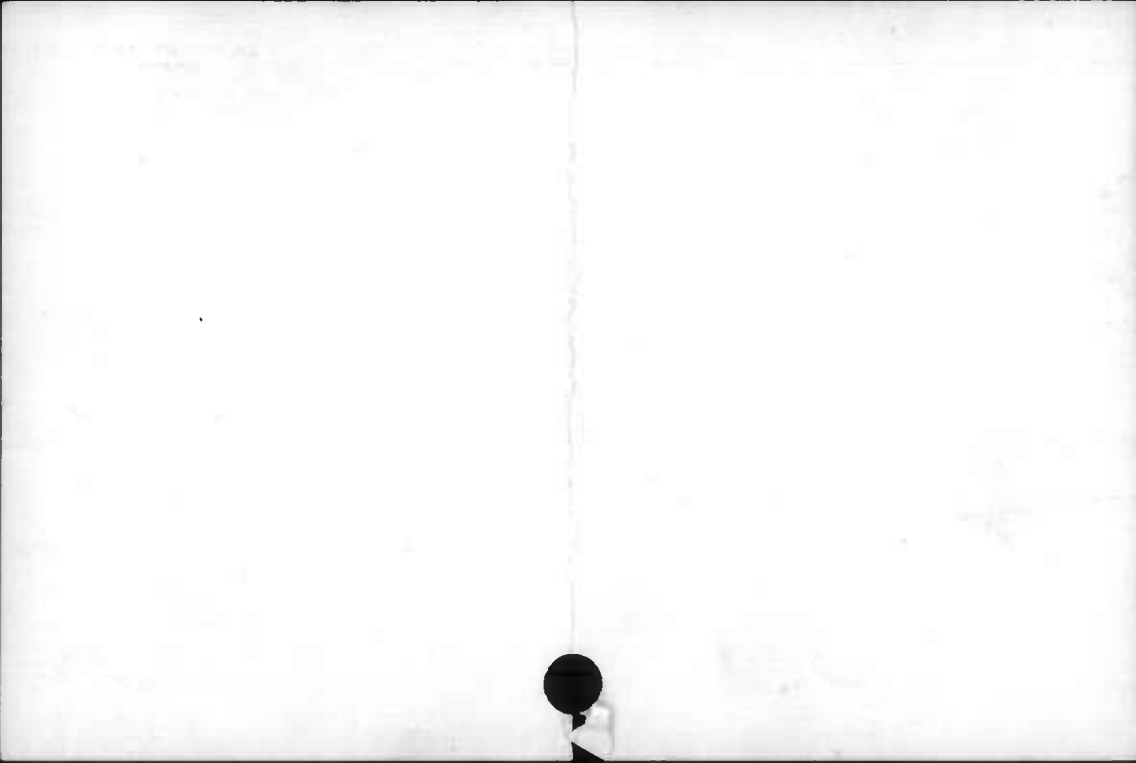
Died at <i>St. Michael</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1909 Oct.</i> ^{Month}		<i>26</i> ^{Day}	Age <i>26</i> ^{Years}	<i>8</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth place <i>Royal Oak Md.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Payne</i>			
Father's Name <i>Lincy Augusta</i>		Father's Birthplace <i>Royal Oak Md.</i>			
Mother's Maiden Name <i>Josephine Augusta</i>		Mother's Birthplace <i>Same</i>			
Name of person giving Information <i>Josephine Augusta</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>3 Months</i>
Immediate	<i>Same</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. D. Carpenter</i>	
		Address <i>St. Michael</i>	
Accident or Suicide <i>No</i>		<i>Maryland</i>	



Name
in
Full

CERTIFICATE OF DEATH

James E. Porter

MARYLAND

Died at ^{Town} *Easton* ^{County} *Talbot*

Date of death 1909 ^{Month} *Oct.* ^{Day} *25* Age ^{Years} *72* Months Days

Sex *Male* Color or Race *White* Birthplace *Queen Anne Co.*

Occupation *Farmer* Where Residing if not at place of death *Easton*

Married, ~~Single~~ *Widowed* Name of Wife or Husband *Susan Porter*

Father's Name *William Porter* Father's Birthplace *Queen Anne Co.*

Mother's Maiden Name *Emma Cook* Mother's Birthplace *"*

Name of person giving Information *Miss Jeanne Matthews* How related to deceased *Daughter*

CAUSES OF DEATH

120

Primary *Bright's Disease* How long *8 mos*

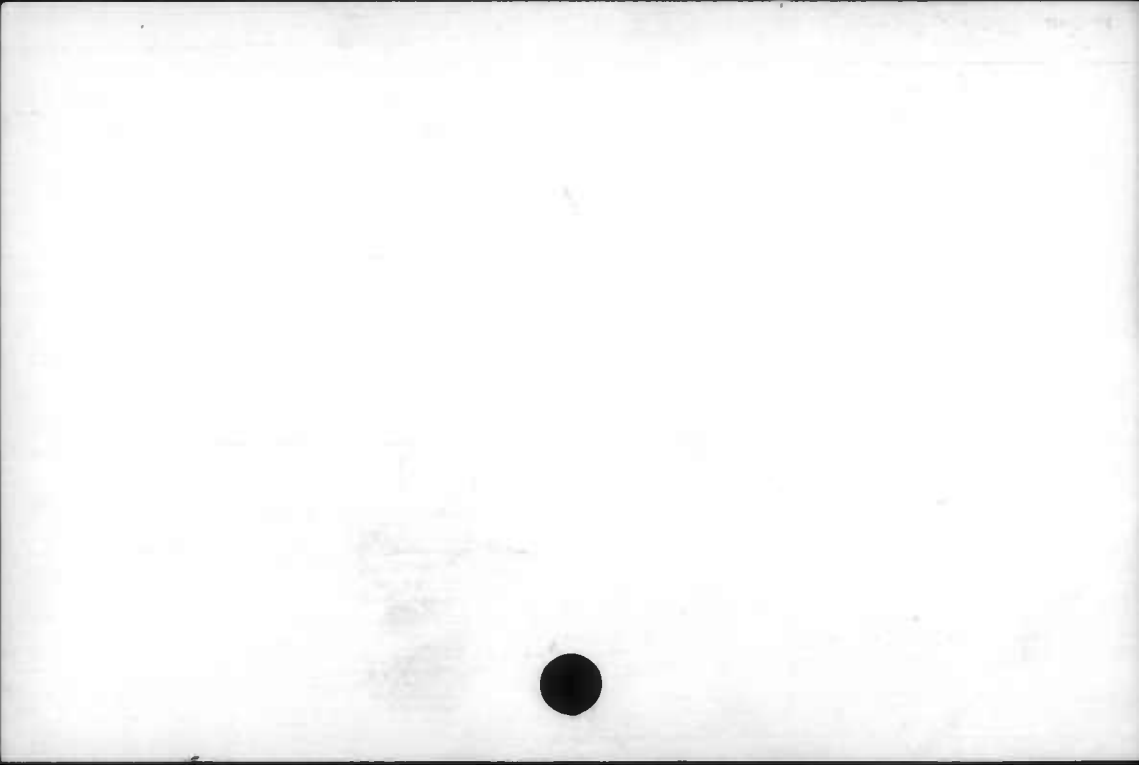
Immediate *Convulsions* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas. E. Dorman*

Address *Easton*

Accident or Suicide *No*



Name
in
Full

Potter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot Co		MARYLAND	
Date of death		1909	Month Oct	Day 9th	Age 0	Years 0	Months 0
Sex Female		Color or Race Black		Birth-place Easton			
Occupation Child		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Edward Potter		Father's Birthplace Talbot Co.					
Mother's Maiden Name Clonore Chase		Mother's Birthplace Talbot Co.					
Name of person giving Information Edward Potter		How related to deceased Father					

CAUSES OF DEATH

Primary
Stillborn

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

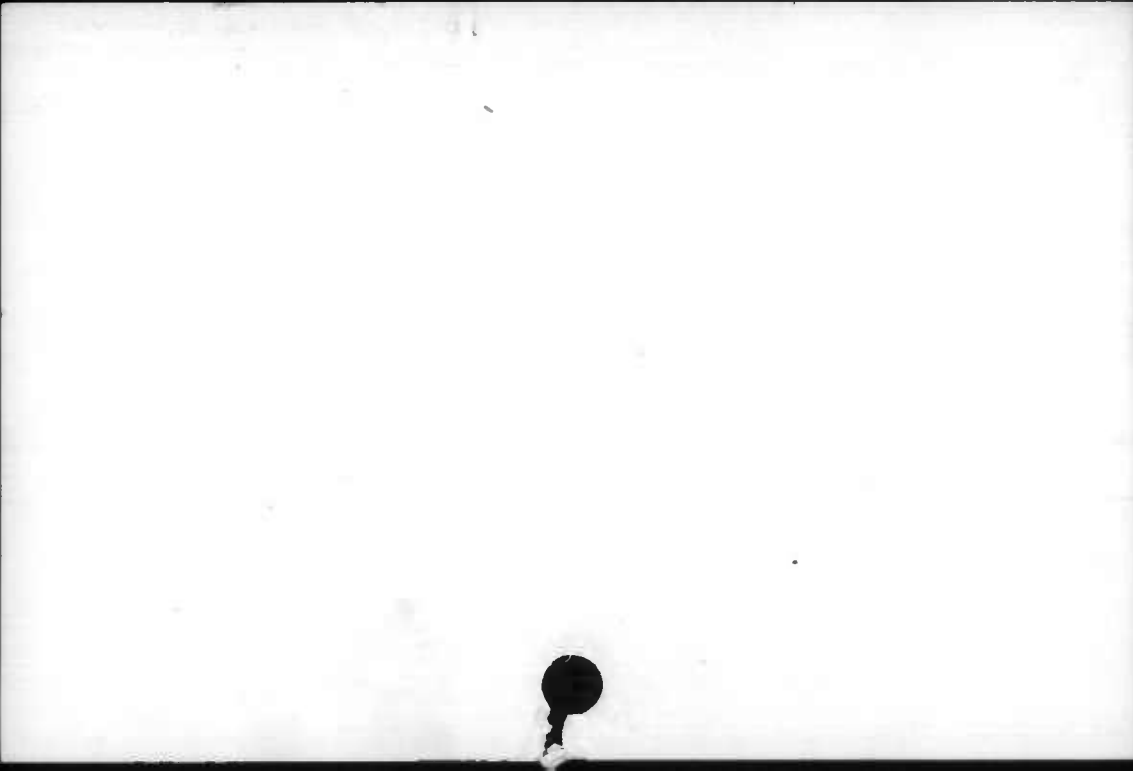
Signature of Physician

Address

James B. Meritt 3rd
Easton Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Louis Schiele

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Easton

^{County} Talbot

Date of death 190 ^{Month} 9 ^{Day} Oct

^{Years} 24 Age 39

^{Months} 6 ^{Days}

Sex male

Color or Race white

Birth-place Germany

Occupation Farmer

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Jacob Schiele

Father's Birthplace Germany

Mother's Maiden Name Selina Bashang

Mother's Birthplace Germany

Name of person giving Information Barber Zuber

How related to deceased Sister

CAUSES OF DEATH

Primary Typhoid

How long 1 3 wks

Immediate Hemorrhage

How long 24 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Chas. F. Wanda
Easton Md

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Annie. Maria. Sherrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died near Troppe Salbot County

Date of death 1909 10 Month 5 Day 23 Age 73 Years Months Days

Sex Female Color or Race White Birth-place Salbot Co. Md

Occupation Housewife Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name William James Sherrett Father's Birthplace Salbot Co. Md

Mother's Maiden Name Josephine. Parrot Mother's Birthplace " " "

Name of person giving Information " " How related to deceased mother:

CAUSES OF DEATH

Primary Pulmonary Tuberculosis. How long 27 3 years

Immediate Exhaustion How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Joseph A. Ross M.D.
Troppe Salbot Co. Md

~~Accident or Suicide~~

